

State of California
ABC-281
10:99

Department of Alcoholic Beverage Control

License Type: 34 One Day Beer & Wine
License Nontransferable

LICENSE NO. 9547085
Receipt No. 2532129
Fee Paid \$50.00
Geographical Code 1933

APPLICATION:

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE
LOCATION ADDRESS: 6000 SANTA MONICA BLVD
LOS ANGELES, CA 90038

TYPE OF EVENT: OTHER EVENT

HR/DATES DURING WHICH
ALCOHOL WILL BE SOLD:
October 13, 2018
4:15 PM- 10:00 PM

ESTIMATED ATTENDANCE: 3250

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU
6000 SANTA MONICA BLVD
LOS ANGELES, CA 90038
[REDACTED]

LICENSE:

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued October 9, 2018.

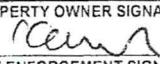
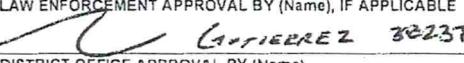
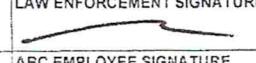
Director of Alcoholic Beverage Control

By CJL

DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

1. ORGANIZATION'S NAME Hollywood Forever Inc. - Endowment Care & Memorial Care		CONDITIONS REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	LICENSE NUMBER RECEIPT NUMBER	GEO CODE																
2. LICENSE TYPE (Check appropriate license type AND organization type)		DIAGRAM REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																		
a. <input type="checkbox"/> Daily General (\$25.00) <i>(Includes beer, wine and distilled spirits)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Other: _____ 		<input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership <input type="checkbox"/> Religious Organization <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)																		
		NUMBER OF DISPENSING POINTS																		
b. <input type="checkbox"/> Special Daily Beer (\$25.00) <ul style="list-style-type: none"> <input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input type="checkbox"/> Cultural 		<input checked="" type="checkbox"/> Special Daily Beer & Wine (\$50.00) <ul style="list-style-type: none"> <input type="checkbox"/> Political <input type="checkbox"/> Other: _____ <input type="checkbox"/> Amateur Sports Organization 		<input type="checkbox"/> Special Daily Wine (\$25.00) NUMBER OF DISPENSING POINTS 1																
c. <input type="checkbox"/> Special Temporary License (\$100.00) <i>(Different privileges depending on statute)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P 		<input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P																		
<input type="checkbox"/> Other Special Temporary Licenses, per Section																				
License number _____		Amount \$ _____																		
3. EVENT TYPE <table border="0"> <tr> <td><input type="checkbox"/> Dinner</td> <td><input type="checkbox"/> Dance</td> <td><input type="checkbox"/> Wedding</td> <td><input type="checkbox"/> Lunch</td> <td><input type="checkbox"/> Picnic</td> <td><input type="checkbox"/> Barbeque</td> <td><input type="checkbox"/> Social Gathering</td> <td><input type="checkbox"/> Festival</td> </tr> <tr> <td><input type="checkbox"/> Sports Event</td> <td><input type="checkbox"/> Concert</td> <td><input type="checkbox"/> Birthday</td> <td><input type="checkbox"/> Mixer</td> <td><input type="checkbox"/> Carnival</td> <td><input type="checkbox"/> Dinner Dance</td> <td><input checked="" type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> classic film screening</td> </tr> </table>					<input type="checkbox"/> Dinner	<input type="checkbox"/> Dance	<input type="checkbox"/> Wedding	<input type="checkbox"/> Lunch	<input type="checkbox"/> Picnic	<input type="checkbox"/> Barbeque	<input type="checkbox"/> Social Gathering	<input type="checkbox"/> Festival	<input type="checkbox"/> Sports Event	<input type="checkbox"/> Concert	<input type="checkbox"/> Birthday	<input type="checkbox"/> Mixer	<input type="checkbox"/> Carnival	<input type="checkbox"/> Dinner Dance	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> classic film screening
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4. TOTAL # OF DAYS 1		5. ESTIMATED ATTENDANCE 3250		6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From 4:15PM To 10:00PM																
7. EVENT DATE(S) Saturday 10.13.2018		8. EVENT IS OPEN TO THE PUBLIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																		
9. EVENT LOCATION (Give facility name, if any, street number and name, and city) Hollywood Forever Cemetery - 6000 Santa Monica Blvd, Los Angeles, CA 90038																				
10. LOCATION IS WITHIN THE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. TYPE OF ENTERTAINMENT classic film: YOUNG FRANKENSTEIN		12. SECURITY GUARDS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? 25																
13. AUTHORIZED REPRESENTATIVE'S NAME Jay Boileau		14. REPRESENTATIVE'S TELEPHONE NUMBER _____																		
15. REPRESENTATIVE'S ADDRESS 6000 Santa Monica Blvd, Los Angeles, CA 90038																				
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)																				
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE 		18. DATE SIGNED 10.01.2018																		
PROPERTY OWNER APPROVAL BY (Name), REQUIRED Yogu Kanthiah		PHONE NUMBER [REDACTED]	PROPERTY OWNER SIGNATURE 	DATE SIGNED 10.01.2018																
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE 		PHONE NUMBER [REDACTED]	LAW ENFORCEMENT SIGNATURE 	DATE SIGNED 10/03/2018																
DISTRICT OFFICE APPROVAL BY (Name)		ABC EMPLOYEE SIGNATURE [REDACTED]																		
ISSUANCE DATE																				

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